PROVIDER NUMBER

NORTH CAROLINA MEDICAID REMITTANCE AND STATUS REPORT

REPORT SEQ. NUMBER

ABC CORPORATION
ACCOUNTS RECEIVABLE DEPT
P O BOX 1111
ANYWHERE NC 22222

DATE 12/06/1999

PAGE

NAME RECIPIENT ID	SERVICE DATES FROM TO MM DD CCYY MM DD C	OR PROCE	EDURE/ACCOMMO CODE AND DESC		TOTAL BILLED	NON ALLOWED	TOTAL ALLOWED	PAYABLE CUTBACK	PAYABLE CHARGE	OTHER DEDUCTED CHARGES	PAID AMOUNT	EXPLANA- TION CODES
CLAIMS PAYMENT SUMMA		· ·										
	CLAIMS PAID	A PAID CLAIMS AMOUNT	B WITHHELD AMOUNT(*)	C NET PAY AMOUNT (A-B)	D CREDIT AMOUNT		E NET 1099 AMOUNT (C-D)	F IRS WITHHELD AMOUNT	G POS & EDI	H OTHER W/H	(I DJUSTED NET PAY C-F-G-H)
CURRENT PROCESSED	0	.00	.00	.00	.00		.00	.00	.00	.00		.00
YEAR-TO-DATE TOTAL	1000	150350.00	5000.00	145350.00	4300.00		141050.00	.00 .00 .00 .00			145350.00	

1099 INFORMATION 1099 - THIS INFORMATION IF BEING FURNISHED TO THE INTERNAL REVENUE SERVICE

PROVIDER TAX ID: 62-1999999 PROVIDER TAX NAME: ABC CORPORATION

PAYER ID: ELECTRONIC DATA SYSTEMS CORPORATION, PO BOX 30968 RALEIGH, NC 27622 #75-2548211

PLEASE VERIFY THE FOLLOWING IDENTIFICATION NUMBERS THAT HAVE BEEN ASSIGNED TO YOU. IF ANY OF THE NUMBERS ARE INCORRECT, PLEASE SEND CORRECTIONS TO:

EDS

PO BOX 300009

34XXXXX

RALEIGH, NORTH CAROLINA 27622

CLIA - NONE ASSIGNED UPIN - NONE ASSIGNED

THE FOLLOWING IS A DESCRIPTION OF THE EXPLANATION CODES UTILIZED THROUGHOUT THE REPORT

112 CHECK AMOUNT REDUCED BY RECOUPMENT AMOUNT

2254 ONE-TIME PENALTY ADJUSTMENT ASSESSED SYSTEMATICALLY. ASSESSMENT OF 10% FOR AGED (>30 DAYS) BALANCE DUE (PRINCIPAL ONLY)

2256 INTEREST ASSESSMENT SYSTEMATICALLY ON ADJUSTMENT FOR AGED (>30 DAYS) BALANCE DUE (PRINCIPAL, PENALTY & INTEREST)

* SPECIAL NOTE:	IF YOUR REMITTANCE ADVICE IS TEN PAGES OR MORE AND YOU ARE DUE A PAPER CHECK FOR CLAIMS REIMBURSEMENT, YOUR
*	CHECK WILL BE MAILED IN A SEPARATE ENVELOPE.

NOTE: Underlined items are fields that were expanded in order to become Y2K compliant